

# **Medical Programs**

# Because you received medical benefits, you must tell us by the tenth day of the month after any of the following changes happen:

#### **Family Medical**

- You move:
- A family member moves out of your home; or
- If your income goes up or down by \$100 or more a month and you expect this income change will
  continue for at least two months.

### Aged, Blind, or Disabled Medical

- You move;
- A family member moves out of your home;
- Your resources change; or
- Your income changes. This includes the income of you, your spouse, or your child living with you.

## **Pregnancy Medical**

- You move; or
- Your are no longer pregnant.

#### Children's, Medical Extension, Alien Emergency, or Newborn Medical

- You move:
- A family member moves out of your home.